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CONFIRMATION NO. 8395

<b>SERIAL NUMBER</b> 10/083,960	<b>FILING OR 371(c) DATE</b> 02/25/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 019801-000240US
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/792,480 02/23/2001 PAT 6,669,951 which is a CIP of 09/648,400 08/24/2000 PAT 6,593,292 which claims benefit of 60/150,510 08/24/1999 *JRL*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None JRL*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/17/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>JRL</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
25226

**TITLE**  
Compositions and methods for enhancing drug delivery across and into ocular tissues

<b>FILING FEE RECEIVED</b> 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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